UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response	0.5					

10% Owner Other (specify below)

5. Relationship of Reporting Person(s) to Issuer

Director

X_ Officer (give title below)

(Check all applicable)

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

(Middle)

(Print or Type Responses)

LEDERER JAMES P

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

QUALCOMM INC/DE [QCOM]

5775 MO	REHOUS	(First) E DR.		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2009							X_Officer (give title below) Other (specify below) Executive Vice President						
a		(Street)	4	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
SAN DIE	GO, CA 9	2121-1714											1 0				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Di								osed of, or Beneficially Owned					
1.Title of So (Instr. 3)	Date		Date (Month/Day/Year)	2A. Deemed Execution Date, if r) any (Month/Day/Year)		e, if Co (In	Transode ode ostr. 8	(A) (In:	Securities Adordor Disposed Str. 3, 4 and (A) continuount (D)	d of (D) S) Owned Follo Transaction((Instr. 3 and				Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)		
Reminder: I	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.																
								ired, Dispos options, con		eneficially O	wned						
	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, it any (Month/Day/Year	Code	5. Number 6. Eransaction of and Derivative (Mo		and Expirat	5. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title of Undo Securit (Instr. 3)		J	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Phantom Stock Unit (1)	\$ 1	12/31/2009		A		1,457		<u>(2)</u>	(3)	Common Stock	1,457	\$ 45.82	6,091.84	5 I	by Grantor Trust (1)		

Other

Signatures

LEDERER JAMES P 5775 MOREHOUSE DR.

Reporting Owners

Reporting Owner Name / Address

SAN DIEGO, CA 92121-1714

By: Noreen E. Burns, Attorney-in-Fact For: James P. Lederer	01/05/2010
**Signature of Reporting Person	Date

10%

Owner

Director

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Relationships

Executive Vice President

Officer

- (1) The common stock issued under the terms of the Company's Executive Retirement Matching Contribution Plan, a tax conditioned plan, is exempt under Rule 16b-3. The shares are held in a grantor trust and stock is the only permissable form of distribution under the Plan.
- The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination and vest according to the following (2) schedule: 100% at age 65 with acceleration provisions (1) at the rate of 25% per year for each subsequent year of participation, (2) after the individual reaches age 61, or (3) if they have more than 10 years of service.
- (3) The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.